**Direct Deposit Authorization** **University of Minnesota Payroll Services**

1. Fill in your name, employee ID, and email address on the Direct Deposit Authorization Form below.

2. Indicate whether you want to deposit your paycheck into your checking or savings account. By authorizing direct deposit, your flexible benefits & travel and miscellaneous expense reimbursements will also be directly deposited into your bank account.

3. Check the appropriate box to indicate that you want to start, stop, or change direct deposit.

4. Fill in the name of the financial institution and your account information.

5. Attach deposit slip for savings accounts or a voided check or deposit slip for checking or share draft accounts.

6. Sign and date the form, and include a daytime phone number. **Return the form to Payroll Services at 1300 S. 2nd Street, Suite 545WBOB, Minneapolis, MN 55454.**

**Direct Deposit will start on the next payday if your form is received in Payroll Services by the Wednesday before payday. Direct deposit of other non-payroll reimbursement will occur on the schedule determined by Disbursement Services and Employee Benefits.**

You can make changes or add additional accounts to your direct deposit, and access your pay statement online through the Employee Self Service web site at http://hrss.umn.edu.

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**Authorization for Direct Deposit Service** **UNIVERSITY OF MINNESOTA**

**1. Name - Last, First MI (Please print)** _____

**Employee ID** _ _ _ _ _ _ _ **Email Address** _____

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**2. Checking** ☐ **Savings** ☐

**3. I hereby authorize the University of Minnesota to: (Check one)**

**Start** ☐ **Stop** ☐ Depositing my **Net Earnings** and non-payroll reimbursements into my Checking or savings account (see Bank Information below).

**Change** ☐ Please change my bank and/or checking or savings account as shown Below.

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**4. Name of Bank** _____ **City** _____ **State** ____ **Zip** _____

**Bank Number** **Checking or Savings Account Number**

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**5. Attach a deposit slip for savings accounts or a voided check or deposit slip for Checking or share draft accounts.**

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By signing this form I certify that the information provided is true and correct. I authorize deposit of my funds to the institution indicated above. If the University deposits funds, to my account, which I am not entitled to receive, I authorize the University to direct the bank to return the funds deposited. I understand it is my responsibility to verify that payment has been credited to my account before writing checks. I understand that the earliest I can expect my checking or savings account to be credited for payroll net earnings will be on payday. My checking account or saving account will be credited as frequently as I would receive a hard copy check for flexible benefits and travel and miscellaneous expense. If I checked the "Stop" box, I hereby revoke all previously submitted payroll direct deposit forms and online direct deposit updates.

**6. Employee signature**_____ **Date**_____ **Day Phone #** _____

**Please return to: Payroll Services, Suite 545 WBOB, 1300 South 2nd Street, Minneapolis, MN 55454**

**Form revised 8/28/07**